

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11-15-94</u>		2 Serial/Patent # <u>05/068513</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other	9	10-21-94	\$ 80.00							
7 TOTAL AMOUNT OF REFUND			\$ 80.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>			1	8	--	2	0	2	0
1	8	--	2	0	2	0					
	No Fee Due (Explanation):										
Please change the fee code to 122 !											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Byars, Margaret</u>		TITLE: <u>CLERK</u>									
SIGNATURE: <u>Margaret Byars</u>		PHONE: <u>308-125-2</u>									
OFFICE: <u>3500</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/15/94</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11-15-94

2 Serial/Patent # 08/062513

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

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Cert of Correction/Terminal Disc.

Maintenance

Assignment

☒ Other

9

10-21-94

\$ 80.00

7 TOTAL AMOUNT
OF REFUND

\$ 80.00

8 TO BE REFUNDED BY:

Treasury Check

☒ Credit Deposit A/C #:

9 18--2020

10 REASON:

☒ Overpayment

Duplicate Payment

No Fee Due (Explanation):

Please change the fee code to 122

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Byars, Margaret

TITLE: CI+RK

SIGNATURE: Margaret Byars

PHONE: 308-1252

OFFICE: 3500

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Kida Connolly

DATE: 11/15/94

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